SUBJECT: (Optional)				· ·
Authorization of Overtim	æ			
FROM			EXTENSION	NO.
Deputy Director for Policy, Analysis and Evaluation 1006 Ames				DATE 30 September 1983
TO: (Officer designation, room number, and building)	DATE		OFFICER'S	COMMENTS (Number each comment to show from whom
	RECEIVED	FORWARDED	INITIALS	to whom. Draw a line across column after each comment.)
C/P&PS 1006 Ames			,/	Per the D/OP decision at his
2.			·	29 September 1983 staff meeting, the DD's are authorized to approve overtime. At this time,
3. C/SIS/SS 1006 Ames				I do not plan to redelegate that authority. After I have a better picture of the overtime
4.				situation, I will reconsider the delegation question.
5. C/HRPS 1012 Ames		3 Oct	TEU	
6.				
7. C/PMCD 1016 Ames				CHRONO
8.				
9. C/ID 1036 Ames			/	
10.			/	
11.				
12.				
13.				
14.				

FORM 610 USE PREVIOUS EDITIONS